

OCT 07 2005

Atty Docket No. 021989-000210US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Jeffrey S. Parkin

Group Art Unit 1648

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Jeffrey S. Parkin

CERTIFICATION OF FACSIMILE TRANSMISSION

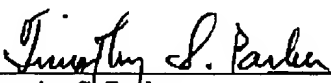
I hereby certify that the following documents in re Application of George H. Lowell, et al. ,
Application No. 09/214,701, filed September 30, 1999 for PROTEIN AND PEPTIDE VACCINES
FOR INDUCING MUCOSAL IMMUNITY are being facsimile transmitted to the Patent and
Trademark Office on the date shown below.

Documents Attached

1. Form PTO SB/21
2. Request for Withdrawal As Attorney or Agent and Change of Correspondence Address

Number of pages being transmitted, including this page: 3

Dated: October 7, 2005


Timothy S. Parker

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San Francisco, CA 94111-3834
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60603091vt

OCT 07 2005

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/214,701
	Filing Date	September 30, 1999
	First Named Inventor	Lowell, George H.
	Art Unit	1648
	Examiner Name	Jeffrey S. Parkin
	Attorney Docket Number	021989-000210US
Total Number of Pages In This Submission		2

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent, Change of Correspondence Address
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature	<i>Scott E. McPherson</i>		
Printed name	Scott E. McPherson		
Date	October 7, 2005	Reg. No.	53,307

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on October 7, 2005.			
Signature	<i>Timothy S. Parker</i>		
Typed or printed name	Timothy S. Parker	Date	October 7, 2005

60603082v

PTO/SB/83 (04-05)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/214,701
Filing Date	September 30, 1999
First Named Inventor	LOWELL, George H.
Art Unit	1648
Examiner Name	Jeffrey S. Parkin
Attorney Docket Number	021989-000210US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**


NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests to transfer matter

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Seed Intellectual Property Law Group PLLC		
Address	710 Fifth Avenue Suite 6300		
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Country	US		
Telephone	206-622-4900	Email	info@seedIP.com
Signature			
Name	Scott E. McPherson	Registration No.	53,307
Date	October 7, 2005	Telephone No.	858-350-6100

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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